

Southern District of New York
One Bowling Green, Room 614
New York, NY 10004-1408.

Pg 1 of 8

5/15/23

Case # 19-23649 RDD
20-12522 JTD.

Sir,



I am writing in concern of some Paper work
sent to me last week.

Its about Claim forms.

sent by order of Court Skadden, Arps, Slate, Meagher + Flom
LLP.

I don't think this has anything to do with my case
which my case # are #19-23649 RDD and 20-12522 JTD.

Personal injury Claimant Proof of Claim form I filed
with the court. Received by Prime Clerk June 8th 2020.

But I am writing this letter to make sure I don't have to
fill something else out.

Its been a while now. My wife died because of Oxycodone Sir.
Any it was on the drug 13 years.

Anyway the reason I am writing is to make sure I don't
have to fill something else out. So Please tell me so.
I do know don't want to miss no Bar Date if so.

I know none of these Debtors on this list at all.

My case is against Purdue Pharma LP. et al

Theres a month before June 15th so if I need to fill some
thing more out I am sure ya'll will send it to me.
But I have copy's of Proof of Claims filed June 8th 2020 stamped
by Prime Clerk.

Any something else need to be done Please inform me and
send it and I will do so.
Thank you for your time and consideration on this
matter Sir.

Very Sincerely Yours,
Jeffrey Michael Knight #31017
(over)

Inclosed is copy's of my
Proof of Claim forms.

I don't know if any of the Debtors but they
may be to do with Purdue Pharma LP. But
I wouldn't know this.
I am not able to get on line. I'm in Prison
at this time.

But would like to know what's going on with
the bankruptcy Court deal on Purdue Pharma LP.
Some how its all together just not a lawyer.
If theres any thing I need to file are fill
out please send it to me.
Thank you for your time and consideration on
this matter.
Hes the bankruptcy Court settled on the case.
Okay Thanks.

Sincerely yours.

Michael Knight #31017
S.M.C.I. A-2 #13
P.O. Box-1419
Leaksville, Mo 39451

Note Regarding Bar Date Materials

To whom it may concern:

You are receiving this letter because the Bankruptcy Court has set deadlines (bar dates) for parties with potential claims against the Endo debtors to file proofs of claim.

Enclosed herein is a notice that provides additional information regarding the bar dates and the procedures for filing proofs of claim against the Endo debtors.

Also enclosed herein is one or more proof of claim forms. Note that there are different proof of claim forms that should be used to assert different types of claims. **Please review the instructions in the proof of claim forms (and the bar date notice) carefully to determine which proof of claim form or forms, if any, you should complete.** While you may have received multiple proof of claim forms, that does not mean that you are required to or should complete each of the forms.

You can submit a claim(s) online or through hard copy submission. A link to an e-portal where you can submit a claim online can be found at: <https://restructuring.ra.kroll.com/endo> under the link entitled "Submit a Claim". Please note that if you submit a claim(s) electronically using the e-portal, you should not submit the same claim(s) through hard-copy submission (and vice versa). Please also note that submission of proofs of claim via email and/or facsimile is not permitted.

In addition, and depending upon what type of claimant/creditor you are, the package you are receiving may contain a letter from the official committee of unsecured creditors appointed in Endo's bankruptcy case, a letter from the official committee of opioid claimants appointed in Endo's bankruptcy case, both letters, or neither letter. Please note that the fact that you received one or more letters does not mean that the letter(s) is relevant to you. Please review the letter(s) carefully to determine whether the letter(s) is applicable to you. If you are a general unsecured creditor and did not receive a letter from the Official Committee of Unsecured Creditors or if you are an opioid claimant and did not receive a letter from the Official Committee of Opioid Claimants, you can access the letter(s) at: <https://restructuring.ra.kroll.com/endo> under the link entitled "Submit a Claim" or reach out to Endo's claims and noticing agent at: EndoInquiries@ra.kroll.com to obtain an electronic copy.

RECEIVED

COPY

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

JUN 08 2020

PRIME CLERK LLC

COPY

In re:

PURDUE PHARMA L.P., et al.,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

Claim No. 35129

Initials [PS]

COPY

General Opioid Claimant Proof of Claim Form

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

Do not use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Part 1: Identify the Claim

1. Who is the current creditor?

Leroy M. Knight

Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.
Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:

2. Describe the creditor making the claim.

☒ Individual ☐ Retirement or Pension Fund Administrator
☐ Hospital ☐ Pharmacy Benefit Manager
☐ Third Party Payor ☐ Other (describe):

3. Has this claim been acquired from someone else or some other entity?

☒ No
☐ Yes. From whom?

4. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Leroy Michael Knight
Name
SMCI-II C-2 #35 P.O. Box 1419
Number Street
Leaksville MS 39451
City State ZIP Code

Contact phone None sorry.
Contact email

Where should payments to the creditor be sent? (if different)

Amanda Garcia Knight
Name
228-343-3784
Number Street
Souciere MS 39574
City State ZIP Code

Contact phone 228-343-3784
Contact email

COPY

RECEIVED

JUN 08 2020

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

COPY
COPY

PRIME CLERK

In re:

Chapter 11

PURDUE PHARMA L.P., et al.,
Debtors.

Case No. 19-23649 (RDD)
Case No. 30-12522 STD
(Jointly Administered)

29306
Claim No. []
Initials [DS] [JH]

**Personal Injury Claimant Proof of Claim
(Including Parents and Guardians)**

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential future personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages.

Do not use this form to assert only a non-personal injury claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids. File such claims on a General Opioid Claimant Proof of Claim Form. However, if You have a claim against the Debtors based on or involving the production, marketing and sale of opioids, in addition to Your claim based on personal injury, You may include information related to that claim on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of this form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410).

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Creditors may include parents, foster parents, and guardians submitting claims on behalf of minors with Neonatal Abstinence Syndrome ("NAS"). Instructions and definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect.

Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with the form shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, all pages of the Personal Injury Claimant Proof of Claim Form and supporting documentation shall be treated as highly confidential and made available only to Prime Clerk, the Court and to those that agree to be bound by the Protective Order.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Please note that supporting documentation is requested in certain portions of the form. Please provide the requested information to the best of Your ability. At Your discretion, You may also provide additional information to supplement Your claim in any manner available to You.

Do not send original documents, as they will not be returned, and they may be destroyed after scanning.

Part 1: Identify the Claim

1. Who is the creditor?

Name of the individual to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden or other names used:

Leloy Michael Karig

If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If you are submitting a claim on behalf of a minor, are You the Legal Guardian?

☐ No

☐ Yes

2. What is the year of birth, gender, and last 4 digits of the social security number of the creditor (or injured person, if the claim is based on the personal injury of another)?

Year of Birth: 1959

Gender: ☒ Male ☐ Female

Last 4 Digits of Social Security Number (if available): XXX-XX-6024

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name: LeRoy Michael Knight #3007

Number: 5MCI-II C-2 #35 Street: P.O. Box

City: Leachville Mo State: Mo ZIP Code: 39451

Contact phone: _____ Contact email: _____

Where should payments to the creditor be sent? (if different)

Name: _____

Number: _____ Street: _____

City: _____ State: _____ ZIP Code: _____

Contact phone: _____ Contact email: _____

4. Does this claim amend one already filed? ☒ No. ☐ Yes. Claim number on court claims registry (if known) 0

Filed on 5 / 10 / 2023

5. Do you know if anyone else has filed a proof of claim for this claim? ☐ No. ☐ Yes. Who made the earlier filing? _____

Part 2: Attorney Information (Optional)

6. Are You represented by an attorney in this matter? ☒ No. ☐ Yes. If yes, please provide the following information:

You do not need an attorney to file this form.

Law Firm Name: _____

Attorney Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact phone: _____ Contact email: _____

Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim

7. How much is the claim? \$ 75,000 or ☐ Unknown.

8. Select all that apply to You.

☒ Creditor has been injured by use of an opioid.

☒ Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an opioid.

☐ Creditor has a claim arising out of another person's use of an opioid. Please answer all questions in Part 4 as if that person (the injured person) is filling out the form.

☐ Creditor is submitting a claim on behalf of a minor with NAS. Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).